



Patent
Docket No.: 700664-2001

In The United States Patent and Trademark Office

In re Application of:

Assignee: Telcontar

Inventors: S. Bristow, *et al.*

App. No: 09/837,738

Filed: April 16, 2001

Title: SOFTWARE AND PROTOCOL
STRUCTURE FOR AN AUTOMATED USER
NOTIFICATION SYSTEM

Docket: 700664-2001

Art Unit: 2686

Examiner: Mehrpour, Naghmeh

CERTIFICATE OF MAILING
UNDER 37 CFR § 1.8

Date of Deposit: November 21, 2005

I hereby certify that this document is being deposited with the United States Postal Service first class mail on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Type or Print Name of Person Mailing: Karen Wuerfel


Signature of Person Mailing

PETITION AND FEE FOR EXTENSION OF TIME
(37 C.F.R. § 1.136(a))

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicants hereby petition for a two (2) month extension of time to respond to the Office Action mailed on July 11, 2005.

1. The communication in connection with the matter for which this extension is requested
 - a. is filed herewith; or
 - b. has been filed on _____.
2. Applicant(s) claim Small Entity Status under 37 CFR § 1.27.

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3. The following fees are submitted:

	TOTAL MONTHS REQUESTED	OTHER THAN SMALL ENTITY	SMALL ENTITY	CALCULATIONS
a. <input type="checkbox"/>	one month	\$120.00	\$60.00	\$
b. <input checked="" type="checkbox"/>	two month	\$450.00	\$225.00	\$ 225.00
c. <input type="checkbox"/>	three month	\$1,020.00	\$510.00	\$
d. <input type="checkbox"/>	four month	\$1,590.00	\$795.00	\$
e. <input type="checkbox"/>	five month	\$2,160.00	\$1,080.00	\$
f. <input type="checkbox"/>	An extension for ____ months has already been secured for filing the above-identified communication and the fee paid therefor of \$ ____ is deducted from the total fee due for the total months of extension now requested. The fee for this extension (\$ ____), minus the fee previously paid (\$ ____) equals \$ ____ (total fee due).			\$
TOTAL FEES =				\$ 225.00

- A check in the amount of \$ ____ .00 to cover the above fees is enclosed.
- Please charge Deposit Account No. 50-2518, Docket No. 700664-2001, in the amount of \$ 225.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2518, Docket No. 700664-2001. *A duplicate copy of this sheet is enclosed.*

Dated: November 21, 2005

By: 
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